

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 7-14-05 2 Serial/Patent # 10/534295

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance		00/0023/71	\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$

		7 TOTAL AMOUNT OF REFUND	8 TO BE REFUNDED BY:
		\$ 250.00	Treasury Check
10 REASON:		Credit Deposit A/C #:	
<input type="checkbox"/>	Overpayment	9 <input type="checkbox"/> <input type="checkbox"/> -- <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/>	Duplicate Payment		
No Fee Due (Explanation):			

11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME: <u>BARBARA CAMPBELL</u>	
SIGNATURE: <u>BBC</u>	TITLE: _____
PHONE: <u>703 308-9140</u>	
OFFICE: <u>PCT/DO/EO</u>	EXT 217
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****	
APPROVED: _____	DATE: _____
Adjustment date: 07/14/2005 BCAMPBEL 05/13/2005 SNAJARRO 00000097 10534295 02 FC:2632 -250.00 OP	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B